


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # G83745 1. Entity Name PALMETTO INDUSTRIAL CENTER INC	
-------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

Principal Place of Business 7760 W. 20TH AVE., STE. #1 HIALEAH FL 33016	Mailing Address 7760 W. 20TH AVE., STE. #1 HIALEAH FL 33016
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	



1st MOORE CR2E034 (10/05)

4. FEI Number 59-2670086	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEIL, MURRAY B., Jr.
1666 - 79TH ST. CAUSEWAY, SUITE 608
MIAMI BEACH FL

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when (un)stating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** Max. Added to Fee

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	WEINTRAUB, SAMUEL	
STREET ADDRESS	7431 MIAMI VIEW DR.	
CITY-ST-ZIP	N. BAY VILLAGE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEINTRAUB, ALMA	
STREET ADDRESS	7431 MIAMI VIEW DR.	
CITY-ST-ZIP	N. BAY VILLAGE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEINTRAUB, ABRAHAM	
STREET ADDRESS	7431 MIAMI VIEW DR.	
CITY-ST-ZIP	N. BAY VILLAGE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000548217
05/12/06-80053-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel Weintraub* 4125116 (305) 557-9391